	Connecticut Dep	oartment of	Public H	lealth	Dr	inkir	ng V	Vater	Sectio	n	
	Water Qu	ality Monit	oring an	d Con	ıpl	iance	Sch	nedule	9		
PWS ID	PWS Name	<u>J</u>	0		_					oe Pr	imary Source
CT0010024	ANDOVER TOWN HALL &	FIRE DEPARTMENT	T			NC		25	Р		GW
Local Address (v	vhere applicable)		Service	Residen	tial	Comme	rcial	Industria	Comb	ined	Agricultural
11 & 17 SCHOO	STREET		Connections			2					
Towns Served: A	ANDOVER				,		'		'		1
		Monito	oring Requ	ıireme	nts						
Water System	Facility: DISTRIBUTION	SYSTEM (WSF II	D: 00600)								
Chlorine Resid	dual (0999)							1	routine (RT) p	er quarter
Sampling F	Point (Sampling Point ID)			Monitori	ng P	eriod	Colle	ction Peri	od Co	mplic	ınce Status
Select from	Inventory of Active Sampli	ng Points		10/1/18 -	12/3	31/18				Cor	mplete
				1/1/19 -	3/3:	1/19				Cor	mplete
				4/1/19 -	6/30	0/19					
				7/1/19 -	9/30	0/19					
Total Coliform	n (3100)							1	routine (RT) p	er quarter
Sampling F	Point (Sampling Point ID)			Monitori	ng P	eriod	Colle	ction Peri	od Co	mplic	ınce Status
Select from	Inventory of Active Sampli	ng Points		10/1/18 -	12/3	31/18				Cor	nplete
				1/1/19 -	3/3	1/19				Cor	nplete
				4/1/19 -	6/30	0/19					
				7/1/19 -	9/30	0/19					
Physical Para	meters (PPS)							1	routine (RT) p	er quarter
Sampling F	Point (Sampling Point ID)			Monitori	ng P	eriod	Colle	ction Peri	od Co	mplic	ınce Status
Select from	Inventory of Active Sampli	ng Points		10/1/18 -	12/3	31/18				Cor	nplete
				1/1/19 -						Cor	nplete
				4/1/19 -							
				7/1/19 -	9/30	0/19					
Water System	Facility: ENTRY POINT	(WSF ID: 00700)									
Nitrate And N	itrite (NOX)									-	Γ) per year
Sampling F	Point (Sampling Point ID)			Monitori			Colle	ction Peri	od Co	mplic	ince Status
ENTRY POI	NT (3)			1/1/18 -						Cor	nplete
				1/1/19 -							
				1/1/20 -	12/3	1/20					
		Other Co	ompliance	Sched	lule	es					
Compliance Sch	edule Activity			_	Due	Date		Achiev	ed Date		
CROSS CONNEC	TION EXEMPTION				3/1/2	2019					
	Water	System Facili	ty and Sai	npling	Po	int Inv	ent	ory			
Water							Total		nd		
-	er System Facility	Sampling Point		nt		C	olifori				Stage
Facility ID		ID	Description			<u>Status</u>	Rule	Rule 1	ier Asbe	stos	WQP 2 DBPR

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

DISTRIBUTION SYSTEM

WITHIN 5 SERVICE CON

DOWNSTREAM WITHIN 5 SERVICE CON

WELL

ENTRY POINT

Υ

Α

Α

Α

Α

Α

4

UPSTREAM

3

2

00600 DISTRIBUTION SYSTEM

00700 ENTRY POINT

WELL

20017

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	sification	Population	Owner Type	Primary Source
CT0010024	ANDOVER TOWN HALL & FIRE DEPARTMENT				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
11 & 17 SCHOO	L STREET	Connections			2			

Towns Served: ANDOVER

			Contact	Inf	ormation						
			Organiz	Organization				Job Title			
ink	Town of	f And	over	First Selectman							
Mailing Address Line One Mailing Addr					ress Line Two			State	Zip Code		
g		17 Schoo	ol Road			Andover	•	СТ	06232		
Business Phone Extension Fax M				ne	Emergency Phone	Email Ad	nail Address				
	860-742-7	7535				andoverselectman1@comcast.net					
•	g	e One g Extension Fax	e One Mailing g 17 Scho	Organiz Town or e One Mailing Address Line g 17 School Road Extension Fax Mobile Pho	Organization Town of And e One Mailing Address Line Two g 17 School Road Extension Fax Mobile Phone	Town of Andover e One Mailing Address Line Two g 17 School Road Extension Fax Mobile Phone Emergency Phone	Organization Town of Andover e One Mailing Address Line Two g 17 School Road Andover Extension Fax Mobile Phone Emergency Phone Email Ad	Organization Town of Andover First Select e One Mailing Address Line Two g 17 School Road Andover Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title Town of Andover First Selectman e One Mailing Address Line Two g 17 School Road Andover CT Extension Fax Mobile Phone Emergency Phone Email Address		

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	С	onnecticut I	Department of	Public H	lealth	Drink	ing W	ater Se	ection	
			Quality Monit				_			
PWS ID	Ρ۱	WS Name	<u> </u>	0					ner Type P	Primary Source
CT001004	4 A	NDOVER PLAZA				NC		25	Р	GW
Local Addr	ress (whe	ere applicable)		Service	Resident	tial Comm	nercial I	ndustrial	Combined	l Agricultural
144 ROUTI	E 6			Connections		1	L			
Towns Ser	ved: AN	DOVER			1	-				
			Monito	oring Requ	uiremei	nts				
Water Sys	stem Fa	cility: DISTRIBUT	ION SYSTEM (WSF I	D: 00600)						
Total Col	liform ((3100)						1 ro	utine (RT)	per quarter
Samp	oling Poi	nt (Sampling Point I	D)		Monitoria	ng Period	Collect	tion Period	Compl	iance Status
Selec	t from In	ventory of Active Sa	impling Points		10/1/18 -	12/31/18			Co	omplete
					1/1/19 -	3/31/19			Co	omplete
					4/1/19 -	6/30/19				
					7/1/19 -	9/30/19				
Physical	Parame	eters (PPS)						1 ro	utine (RT)	per quarter
Samp	oling Poi	nt (Sampling Point I	D)		Monitorii	ng Period	Collect	tion Period	Compl	iance Status
Selec	t from In	iventory of Active Sa	impling Points		10/1/18 -				Co	omplete
					1/1/19 -				Co	omplete
					4/1/19 -	6/30/19				
					7/1/19 -	9/30/19				
Water Sys	stem Fa	cility: ENTRY PO	INT (WSF ID: 00700)							
		rite (NOX)						1	routine (F	RT) per year
Samp	oling Poi	nt (Sampling Point I	D)		Monitorii	ng Period	Collect	tion Period	Compl	iance Status
ENTR	RY POINT	(3)			1/1/18 - 3				Co	omplete
					1/1/19 - 3				Co	omplete
					1/1/20 - 3					
		Wa	ter System Facili	ty and Sai	mpling	Point Ir	nvento	ry		
Water							Total	Lead and	1	
System		System Facility	Sampling Point		int		Coliform			Stage
Facility ID			ID	Description		Status		Rule Tiei	Asbestos	WQP 2 DBPR
00600	DISTRIB	UTION SYSTEM	4	DISTRIBUTIO		Α	Υ			
			DOWNSTREAM							
			UPSTREAM	WITHIN 5 SEF	RVICE CON	I A				
00700	ENTRY I	POINT	3	ENTRY POINT	-	Α				
20018	WELL		2	WELL		Α				
57695	BLADDE	R TANK								
60390	TREATM	IENT PLANT								
			Con	tact Infori	mation					
Namo				rganization					Joh Titlo	

		CC	milact IIII	Offication					
			Organization	ı		Job Title			
			Andover Pla	za					
e One		Mailing Addr	ess Line Two		City State Zi				
					Glastonb	stonbury CT 060			
Extension	Fax	Mo	bile Phone	Emergency Phone	Email Add	dress			
					shahlata0)725@gma	il.com		
lministrative C	ontact, Leg	al Contact, O	wner						
	Extension	Extension Fax	e One Mailing Addr Extension Fax Mo	Organization Andover Pla e One Mailing Address Line Two	Extension Fax Mobile Phone Emergency Phone	Organization Andover Plaza e One Mailing Address Line Two Glastonbe Extension Fax Mobile Phone Emergency Phone Email Add shahlataC	Organization Andover Plaza e One Mailing Address Line Two City Glastonbury Extension Fax Mobile Phone Emergency Phone Email Address shahlata0725@gmail	Organization Andover Plaza e One Mailing Address Line Two Glastonbury Extension Fax Mobile Phone Emergency Phone Email Address shahlata0725@gmail.com	

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		Trator Quarrey From	71 1118 and	u 0011	TP1	Idiioo t	onoau	. •		
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricu	PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary So	urce
	CT0010044	ANDOVER PLAZA		NC	25	Р	GW			
Connections 4	Local Address (w	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricult	ural
144 ROUTE 6	144 ROUTE 6		Connections			1				

Towns Served: ANDOVER

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	epartment of	Public F	lealth	Dri	inki	ng W	ater	Se	ction	
		Quality Monit									
PWS ID	PWS Name	Quality 1101110		u dom					_	ner Type P	rimary Source
CT001005		NAL CHURCH				NC	-	25		P	GW
Local Add	ress (where applicable)		Service	Residen	tial C	Comme	ercial I	ndustri	al	Combined	Agricultural
359 ROUT	ΓE 6		Connections			1				1	
Towns Sei	rved: ANDOVER										
		Monito	oring Requ	uireme	nts						
Water Sy	stem Facility: DISTRIBUT	ION SYSTEM (WSF I	D: 00600)								
Total Co	liform (3100)							1	. rou	tine (RT)	per quarter
Sam	pling Point (Sampling Point II	o)		Monitori	ng Pe	riod	Collec	tion Pe	riod	Compli	iance Status
Selec	ct from Inventory of Active Sa	mpling Points		10/1/18 -	12/3	1/18				Co	mplete
				1/1/19 -	3/31,	/19					
				4/1/19 -	6/30,	/19					
				7/1/19 -	9/30,	/19					
-	Parameters (PPS)										per quarter
_	pling Point (Sampling Point II			Monitori	_		Collec	tion Pe	riod	•	iance Status
Selec	ct from Inventory of Active Sa	mpling Points		10/1/18 -		-				Co	mplete
				1/1/19 -							
				4/1/19 -							
\\/-+C-	estana Facilita a FNTDV DOL	NT (MCE ID: 00700)		7/1/19 -	9/30,	/19					
•	stem Facility: ENTRY POI	N1 (WSF1D: 00/00)								/=	
	And Nitrite (NOX)	2)		0.4 a mila mi	D.	ام ما د	Callan	dian Da			RT) per year
	pling Point (Sampling Point II	<i>)</i>		Monitori			Collec	tion Pe	rioa	•	iance Status
ENTE	RY POINT (3)			1/1/18 -						Co	mplete
				1/1/19 - 1/1/20 -		-					
	\A/a4	tor System Easili	ity and Sa				vonto	W /			
14/	VVal	ter System Facili	ity and Sai	mpiing	POII	nt in					
Water System	Water System Facility	Sampling Point	Samplina Poi	int			Total Coliform	Lead Cop			Stage
Facility ID		ID	Description		Ç.	tatus `	Rule			Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM		A	Υ				
		DOWNSTREAM				Α					
		UPSTREAM	WITHIN 5 SEF	RVICE CON	N	Α					
00700	ENTRY POINT	3	ENTRY POINT			Α					
20019	WELL	2	WELL			Α					
		Con	tact Infor	mation							
Name			rganization							Job Title	
				1.01	1					100 1100	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

First Congregational Church

Mailing Address Line Two

Mobile Phone

P. O. Box 55

Fax

Ms. Laurel W. Andrews
Mailing Address Line One

Extension

Contact Role(s): Administrative Contact

359 Route 6

Business Phone

860-742-7696

Trustee

City

lew18@comcast.net

Andover

Emergency Phone Email Address

State

CT

Zip Code

06232

(Connecticut	Depa	rtment c	of Public	Health	n Drir	nking	Water	Section	
	Wate	r Qua	lity Moni	toring a	nd Con	nplia	nce S	chedul	le	
PWS ID	PWS Name					Classif	ication	Population	Owner Type	Primary Source
CT0010054	FIRST CONGREGAT	IONAL CH	URCH			N	IC	25	Р	GW
Local Address (wh	nere applicable)			Service	Resider	ntial Co	mmercia	l Industri	al Combine	ed Agricultural
359 ROUTE 6				Connectio	ns		1		1	
Towns Served: AN	NDOVER					'			1	
Name				Organization					Job Title	e
Ms. Katherine Hu	ıtchinson			First Congrega	ational Chu	rch		Trustee		
Mailing Address L	ine One		Mailing Addre	ess Line Two				City	State	Zip Code
359 Route 6			P. O. Box 55				Andove	r	СТ	06232
Business Phone	Extension	Fax	Mo	bile Phone	Emergenc	y Phone	Email A	ddress		
860-742-7696							dolover	orince@aol	.com	
Contact Role(s):	Legal Contact		-							

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut D	epartment of	Public Health I	Orinl	king V	Vater Se	ection	
	Water () Duality Monit	oring and Com	olian	ice Scł	nedule		
PWS ID	PWS Name	<u> </u>		Classific			ner Type Pr	imary Source
CT001008	7-ELEVEN #32523			NC		25	P	GW
Local Add	ress (where applicable)		Service Residenti	al Com	mercial	Industrial	Combined	Agricultural
390 ROUT			Connections		1			
Towns Sei	rved: ANDOVER					l		
		Monito	oring Requiremen	ts				
Water Sy	stem Facility: DISTRIBUTIO	ON SYSTEM (WSF I	D: 00600)					
Total Co	liform (3100)					1 ro	utine (RT) բ	er quarter
Sam	pling Point (Sampling Point ID)	Monitoring	g Period	d Colle	ction Period	Compli	ance Status
Selec	ct from Inventory of Active Sam	npling Points	10/1/18 - 1	2/31/1	8		Co	mplete
			1/1/19 - 3	/31/19			Со	mplete
			4/1/19 - 6	/30/19				
			7/1/19 - 9	/30/19				
Physical	Parameters (PPS)					1 ro	utine (RT) բ	er quarter
Sam	pling Point (Sampling Point ID)	Monitoring	g Period	d Colle	ction Period	Compli	ance Status
Selec	ct from Inventory of Active Sam	npling Points	10/1/18 - 1	2/31/1	8		Co	mplete
			1/1/19 - 3	/31/19			Co	mplete
			4/1/19 - 6	/30/19				
			7/1/19 - 9	/30/19				
Water Sy	stem Facility: ENTRY POIN	IT (WSF ID: 00700)						
Nitrate A	And Nitrite (NOX)					1	routine (R	T) per year
Sam	pling Point (Sampling Point ID)	Monitoring	g Period	d Colle	ction Period	Compli	ance Status
ENTF	RY POINT (3)		1/1/18 - 12	2/31/18	3		Co	mplete
			1/1/19 - 12	2/31/19)		Co	mplete
			1/1/20 - 12	2/31/20)			
	Wate	er System Facili	ty and Sampling F	oint	Invent	ory		
Water					Total	Lead and	I	
_	Water System Facility		Sampling Point		Colifori			Stage
Facility ID		ID	Description	Stati		Rule Tie	r Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
			WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
56532	WELL# 1	2	WELL# 1	Α				
56534	PRESSURE TANK							
		Con	tact Information					
Name		Oı	rganization				Job Title	
M&M Rea	alty LLC							
Mailing A	ddress Line One	Mailing Address	s Line Two			City	State	Zip Code

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Mobile Phone

Manchester

Emergency Phone | Email Address

СТ

06042

540 North Main St

Business Phone

Contact Role(s): Owner

Extension

Fax

	Connectic	ut Depa	rtment c	of Public	Health	Drir	iking	Water	Section		
	Wat	ter Qua	lity Moni	itoring a	nd Con	nplia	nce S	chedul	e		
PWS ID	PWS Name					Classif	ication F	opulation	Owner Type	Primary Source	
CT0010084	7-ELEVEN #3252	3				N	С	25	Р	GW	
Local Address (w	here applicable)			Service	Residen	tial Co	mmercia	l Industria	al Combine	ed Agricultura	
390 ROUTE 6				Connection	ns		1				
Towns Served: A	NDOVER				<u> </u>						
Name				Organization					Job Title	2	
Mr. William Mod	ores Jr			M&M Realty L	.LC			Owner			
Mailing Address	Line One		Mailing Addre	Address Line Two				City State Zip C			
4 Pine Rd							Southwi	Southwick MA			
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email A	ddress			
Contact Role(s):	Legal Contact, C	Owner									
Name				Organization					Job Title	9	
Ms. Alicia Busco	ni			Key Point Part	ners - Shell	Ехр		Administr	ator		
Mailing Address Line One Mailing Address Line Two							City	State	Zip Code		
1 Burlington Wo	ods Drive						Burlingt	on	MA	01803	
Business Phone	e Extension	Fax	Mo	bile Phone	Emergency	/ Phone	Email Ad	ddress			
781-273-5555							ABuscor	ni@KeyPoir	ntPartners.co	m	
	1	_		•							

CD 1-11 - 11 - 1/1- D -1 -1 1 - - 1/1-1 - C

Contact Role(s): Administrative Contact

Please note the following:

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End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name						Population	Owner Type	Primary Source
CT0010124	XTRA MART WATER SUPPLY				NC	25	Р	GW
Local Address (v	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural	
497 ROUTE 6		Connections			1			

Towns Served: ANDOVER

49301 PRESSURE TANK

Monitoring Requirements									
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)									
Total Coliform (3100)		1 rout	ine (RT) per quarter						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Physical Parameters (PPS)		1 rout	ine (RT) per quarter						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						

Nitrate And Nitrite (NOX)	1 r	outine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

4/1/19 - 6/30/19 7/1/19 - 9/30/19

Public Notification Requirements										
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
E. Coli	10/1/16 - 12/31/16	3	4/13/2018		4/23/2018					
Physical Parameters M&R Violation	4/1/17 - 6/30/17	3	9/22/2018	1/21/2019	10/2/2018	1/21/2019				
Total Coliform M&R Violation	4/1/17 - 6/30/17	3	9/22/2018	1/21/2019	10/2/2018	1/21/2019				

Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
49297	WELL 1	2	WELL 1	Α						

Contact Information										
Name		Organization	Organization							
Mr. William P Genovese		497 Andover LLC		Owner						
Mailing Address Line One	Mailing A	Address Line Two		City	State	Zip Code				
497 Route 6			Andover	•	СТ	06232				

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	Conne	ectici	ıt Depa	rtme	nt of	Public	Healt	h Dri	nking	y Water	Section			
		Wat	er Qual	lity M	lonite	oring a	nd Co	mpli	ance S	Schedul	e			
PWS ID	PWS Nan	ne						Class	ification	Population	Owner Type	Primary Source		
CT0010124	XTRA MART WATER SUPPLY								NC	25	Р	GW		
Local Address (where applicable) Service							Reside	ential C	Commerci	al Industri	al Combin	ed Agricultural		
497 ROUTE 6						Connectio	ns		1					
Towns Served: A	NDOVER						·							
Business Phone Extension Fax Mobil				Mobil	e Phone	Phone Emergency Phone Email Address								
Contact Role(s):	Legal Co	ntact, C)wner											
Name					Or	ganization					Job Titl	e		
Mr. Eric Harvey					Glo	obal Partne	rs, Lp			Environm	ntl Proj Mgr			
Mailing Address	Line One			Mailing	Address	Line Two	Line Two			City	State	Zip Code		
15 Ne Industrial Road								Branfo	ord	СТ	06405			
Business Phone	e Exte	ension	Fax		Mobil	bile Phone Emergency Phone Email Address								
			203-488-3	3065	845-2	38-7354			eharve	eharvey@globalp.com				
Contact Role(s):	Adminis	trative	Contact	'										

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